

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019301

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 33

FILED JUN 13 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 0150						
2 0150						
3						
4 1						
5 2						
6						
7 1						
8 2						
9 153.0						
10						
11						
12 90-2						
13 2-0						
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSAGE TOWNSHIP</u>		c. CITY OR TOWN <u>CAMDENTON</u>	
Length of stay in 1b <u>7 YEARS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKE Road 5-65</u>		d. STREET ADDRESS (If outside, give location) <u>LAKE Road 5-65</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>GENE</u> Last <u>ETCHEN</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1906</u>
9. AGE (last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u> Hours <u>10</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK - HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CIVIL SERVICE</u>	
11. BIRTHPLACE (City and state or country) <u>PEARL RIDGE ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MILF MATHEWS</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES RICE</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN V. ETCHEN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>6900 WEST 77TH TERR</u>		17. INFORMANT <u>BETTY KEENAN OVERLAND PARK KANSAS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhages</u> 6 hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Vena Caval Thrombosis</u> 3 weeks DUE TO (c) <u>Carcinomatous</u> 8 months		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Adenocarcinoma of Cervix</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u>9</u> p.m. <u>0</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1960</u> to <u>June 1963</u> and last saw her alive on <u>June 19, 1963</u> Death occurred at <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) <u>Walter R. Hedges</u>	
22b. ADDRESS <u>CAMDENTON, MO</u>		22c. DATE SIGNED <u>6-11-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 12, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>DALE B/LR</u>		23d. LOCATION (City, town, or county) (State) <u>CAMDENTON, MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>WALTER HEDGES CAMDENTON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>JUNE 11-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Zilpha J. Draw</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter D. Hedges

Licensed Embalmer No. 4265
P. O. Address CAMDENTON, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.